

KENTUCKY TEACHERS' RETIREMENT SYSTEM

479 Versailles Road | Frankfort, KY 40601 | 502.848.8599

Request to Employ **KTRS RETIREE** in any Full-time Position, Critical Shortage Full-time or Critical Shortage Part-time (Not for Waiver)

**** School Year 2014-15 ****

The _____ district/agency wishes to employ full-time/part-time the following KTRS retiree for the **2014-2015 school year**. (Full-time means employment in a position equal to or greater than 7/10 of the normal contract term for that position. Part-time is less than 7/10.) Each district/agency may employ KTRS retirees full-time, under a Daily Wage Threshold (DWT), as outlined in KRS 161.605(4). These positions are limited to 3% of the district's/agency's active full-time KTRS employees. Local school districts will also be able to employ KTRS retirees in a Critical Shortage Position, without a DWT, as set forth in KRS 161.605(8). These positions are limited to 1% of the district's active full-time KTRS employees. Employers pay an additional 19.7%.

THE NUMBER OF DAYS THAT MAY BE WORKED IN A PART-TIME CRITICAL SHORTAGE POSITION WILL BE PRO-RATED DURING THE INITIAL YEAR OF RETIREMENT FOR PERSONS RETIRING AFTER JULY 1 OF ANY YEAR.

~ Breaks in Service are REQUIRED to Return to Work ~

All Breaks in Service begin on the last day of paid employment and must be a full 3 to 12 months depending on the program or employer. This Break is required before retirees return in ANY CAPACITY to a certified position with a KTRS employer. Failure to meet the Break in Service will void the retirement of the KTRS member. Prearranged agreements for retirees Returning to Work are NOT ALLOWED. A Pre-arrangement would violate the Break in Service as well as VOID the retirement of the KTRS member.

To Return to Work for a DIFFERENT Employer

- Part-time – 3 month break
- Full-time – 3 month break

To Return to Work for the SAME Employer

- Part-time – 3 month break
- Full-time – 12 month break

Alternative Break in Service – MUST BE REQUESTED.

- After a 2-month break in service, the forfeiture of pension benefits, month for month, can replace the additional months of break.
***Examples: 2 month break + 1 month forfeiture for a 3 month break;
2 month break + 10 month forfeiture for a 12 month break.***

SECTION I * KTRS RETIREE INFORMATION

Retiree's Last Name	First Name	Middle Initial	KTRS Member # or SS #	
Address/City/State/ZIP			Gender Female <input type="checkbox"/> Male <input type="checkbox"/>	Marital Status Married <input type="checkbox"/> Single <input type="checkbox"/>
Date of Birth	Home Phone Number		Cell Phone Number	

SECTION II * DISTRICT REQUEST TO EMPLOY

<i>The district requests approval to employ this retiree on a Full-time or Critical Shortage basis and will do so in compliance with KRS 161.605. The district is advised to ensure its compliance with any relevant statutes and regulations of the Kentucky Department of Education.</i>	This retired employee will be placed in the following program: (ONE only)	<input type="checkbox"/> Regular 3% Full-time
		<input type="checkbox"/> Critical Shortage Full-time
		<input type="checkbox"/> Critical Shortage Part-time employment



Continued....

Retiree's Last Name	First Name	Middle Initial
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SECTION III * INSURANCE ELIGIBILITY

Is this retired employee eligible for insurance with your District?	If this retired employee IS eligible for <u>YOUR State Health Insurance</u> , his or her Health Insurance MUST be effective on the FIRST day of the month AFTER employment begins. <i>This employee's health insurance will begin on:</i>
<input type="checkbox"/> YES OR <input type="checkbox"/> NO	The FIRST day of _____, 20 _____ Month Year

SECTION IV * EMPLOYER CERTIFICATION

This CERTIFICATION confirms that there were NO OTHER NON-RETIRED, qualified applicants and no prearranged employment agreement until AFTER this Applicant's break in service was completed.			
District/Agency	Signature of District/Agency Designee	Date of Signature	
Printed Name	Contact Person (print)	Phone Number	Fax Number

**This request must be submitted PRIOR to employment.
ONLY FULLY COMPLETED FORMS WILL BE PROCESSED.**

Submit request by:

Fax: 502/848-8599 for faster approval
or mail to KTRS, 479 Versailles Road, Frankfort KY 40601-3800

TO BE COMPLETED BY KTRS

- ☐ This request has been APPROVED ONLY for 2014-2015 school year.
- ☐ Each year upon receiving this approval, please mail a completed F-1 RET form to KTRS for the retired employee listed above.
- ☐ This retired employee will be included in the 1% Critical Shortage group and this district will remit an additional 19.7% each pay period.
- ☐ This request is returned NOT APPROVED per the attached reason.

DAILY WAGE THRESHOLD (DWT):

\$ _____

Authorized KTRS Designee

Date